District of ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 1 Town of Clayfort I Local Registrar's No. 1 City of No. 1 FULL NAME OF CHILD Mary Louise Decker If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive Sex of Child Lewell Triplet of or other of birth I Legitimate? Birth Month (Month) (Day) Full Residence Playfort, And Residence Playfort, Age at last Dirth Race W. Birthday (Years) Joint Race W. Birthday (Years) Jirthplace La Parte, Indiana Decupation Maning engineer of children of this mother on wilving of this mother on wilving (Month) Were precautions taken against Ophthalmia neonatorum? Years (Contraction of this mother on wilving (Month) (Day) Residence Clayfort (Month) (Day) Birthplace Omaha, Mulask (Years) Occupation Horizontal Ophthalmia neonatorum? Years (Contraction of this mother on wilving (Month) (Day) Occupation Horizontal Ophthalmia neonatorum? Years (Contraction of this mother on wilving (Month) (Month) (Day)	:AL ! f	BUAKU UF I	ZONA STATE	ARI		н	LACE OF BIRT	į P
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FULL NAME OF CHILD Many Louise Decker If child is not named, make Supplemental Report on blank obtainable from local registrar. Sex of Twin, Triplet or other and Number Legitimate? Birth Date of Obirth (Month) (Day) Full FATHER Name Harald Delbitt Duker Full Maiden Mother Residence Dlayport, and Residence Clayport, And Residence W. Birthday Color or Race Birthday Great last Great Jolor Age at last 29 Birthday Great Jirthplace Ka Parte, Indiana Decupation D	Ward	St	(· Oa.	(No		***************************************	
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